

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10766990

01-28-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		2				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		2				
47		2				
48		2				
49						
50						
TOTAL IND.	3					
TOTAL DEP.	53					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						